



APPLICATION FOR LICENSURE AS A

**COSMETOLOGIST, MANICURIST,
ESTHETICIAN, BARBER, OR INSTRUCTOR**

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Original Application | <input type="checkbox"/> Renewal – \$50
<i>(Two year renewal)</i> |
| <input type="checkbox"/> Out-of-State License
<i>Attach verification of current
licensure from other state or country</i> | <input type="checkbox"/> Vocational Student
<i>Attach proof of High
School or GED diploma</i> |
| <input type="checkbox"/> Cosmetologist – \$25 | <input type="checkbox"/> Esthetician – \$25 |
| <input type="checkbox"/> Barber – \$25 | <input type="checkbox"/> Instructor – \$30
<i>Instructors must have a current
Washington state license to qualify for
examination in each area of instruction</i> |
| <input type="checkbox"/> Manicurist – \$25 | |

FOR VALIDATION ONLY

Cosmetologist 001-070-209-0005 Barber 001-070-213-0001
Manicurist 001-070-209-0016 Esthetician 001-070-209-0020
Instructor 001-070-209-04

**Make remittance payable to State Treasurer.
Send this application with your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048**

Applicant Information

Please type or print clearly

Applicant Name <i>Last</i>		<i>First</i>		<i>Middle</i>
Address <i>(PO Box or Street)</i>				
City		State	Zip	County
Telephone <i>(During Business Hours)</i> ()		Social Security No. <i>(Required per RCW 26.23.150)</i>		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth <i>(Month, Day, Year)</i>		
Current or Previous License No.		Name When Issued		

Applicant Personal Data

- Have you been convicted of a crime, misdemeanor or felony in this state, any other state, by the federal government, or any other jurisdiction within the past ten years? ☐ YES ☐ NO
- Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment in this state, any other state, by the federal government, or any other jurisdiction? ☐ YES ☐ NO
- Has any professional or occupational license, certification or permit held by you, been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction? ☐ YES ☐ NO
- Have you ever had a civil court order, verdict, or judgement entered against you in any court of competent jurisdiction in this state, any other state, the federal government, or any other jurisdiction? ☐ YES ☐ NO

Please attach a letter of explanation for any affirmative answers to the above questions, including charge(s), date of conviction, civil judgement or order, county jurisdiction, state, and disposition of charges.

Applicant Affidavit

I, _____, being first duly sworn, depose and say that I am the named applicant. I have carefully read the questions in the foregoing application and have answered them completely, and pursuant to RCW 9A.72.085, I declare under penalty of perjury under the law of the state of Washington that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of a license to practice as a professional in the state of Washington.

X

SIGNATURE OF APPLICANT

PLACE OF EXECUTION (City, State)

DATE

THIS SECTION SHOULD BE COMPLETED BY WASHINGTON STATE SCHOOLS ONLY

School Affidavit

Student Name _____
PRINTED

Total number of hours completed per subject:

_____ Barbering	_____ Esthetics
_____ Cosmetology	_____ Instructor training
_____ Manicuring	_____ Other

Practical Exam

Please attach proof that the practical exam has been passed.

I, _____, state under oath that
AUTHORIZED SCHOOL REPRESENTATIVE (Please Print)
this student/applicant has successfully completed training from a licensed school and if a vocational student, attest that the student has graduated from an accredited high school or received a Certificate of Educational Competence. This training complies with the Washington state requirements as stated in RCW 18.16 and WAC 308-20 and is verified by the attached final student record form. Pursuant to RCW 9A.72.085, I declare under penalty of perjury under the law of the state of Washington that my answers and all statements made by me herein are true and correct and should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of all licenses in the state of Washington as applicable to the Cosmetologists, Barbers, Estheticians, and Manicurists Act, RCW 18.16.

X

SIGNATURE OF AUTHORIZED SCHOOL REPRESENTATIVE

SCHOOL NAME

PLACE OF EXECUTION (City, State)

DATE

FOR OFFICE USE ONLY

Upon filing, this application becomes a public record and is subject to public disclosure provisions pursuant to RCW 42.17